

Support for Change

Approaches and models for the development of provision for children and young people's mental health 2008

Chapter 7

Models and approaches for development: Primary mental health work



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7. Models and Approaches for Development: Primary Mental Health Work

Table 7.1 The Mental Health of Children and Young People: a Framework for Promotion, Prevention and Care: summary of core sections that relate to primary mental health work

Service elements	Selected examples of activities required	Relevant outcomes
Primary mental health work	Provision and promotion of direct contact between CAMHS and universal services Provision of supervision, support and training for those engaged in primary mental health work	Children and young people receive support and care in their usual environments Staff receive training support and consultation Streamlined care pathways in place for those requiring access to CAMH services Those engaged in primary care mh work are supervised and supported by the CAMH team
Provision of training and consultation in general and specific mental health issues for: Youth and community Teachers and school staff	CAMH staff including primary mental health workers provide training, advice and consultation on range of issues and topics	Increase in understanding of mental health Greater awareness of own role in supporting mental health of young people Better understanding of where to get specialist help when needed
Provision of support for youth and community initiatives in developing opportunities for children and young people to explore emotional and mental health issues	Provision of more intensive support to those children and young people at risk of developing problems	Children and young people and youth and community workers feel confident and able to discuss emotional issues
Provision of counselling support for school staff and pupils	CAMH staff including primary mental health workers work with local authority to plan and provide counselling	Staff and pupils have opportunity to discuss issues in confidence when feeling troubled
Provision of support for parents in dealing with issues relating to adolescence	Work with youth and community initiatives to provide sessions for parents on range of issues	Parents and carers understand the emotional needs and behaviour of their young person and feel able to respond

7.1 Key themes affecting development and implementation

7.1.1 Level and nature of mental health needs among children, young people and their families

The importance of local, accessible services to support child mental health is well recognised (Huddart, 2006). The development of primary mental health capacity is key to improving access to mental health resources for children and young people. Primary health care and teachers are the two main frontline services that parents and children are likely to consult regarding mental health issues (Ford et al, 2007). This illustrates the importance of these and other frontline staff in mainstream services having skills in the identification and management of mental health issues, support in undertaking this and knowledge about how to access more specialist resources for those children who require them.

Primary health care

Between 20% and 25% of children attending primary health care are likely to be experiencing mental health problems (Garralda et al, cited in Gale and Vostanis, 2003). GPs and other primary health care professionals report continuing frustrations at the difficulties in accessing appropriate help for children with mental health problems and highlighted waiting lists and lack of information about services as two of the main barriers they encountered (Health Scotland, 2006).

A recent review of the management of child mental health problems in primary care indicated the potential of educational interventions to improve the confidence and skills of primary care professionals in identifying problems and providing appropriate responses (Bower et al, 2001, cited in Ford et al, 2007). Guidelines on the management of depression in children and young people state that health care professionals in primary care, schools and other community settings should be trained in symptom detection and assessment, including the development of culturally sensitive approaches, and in communication skills (NICE, 2005).

Schools

Recent survey evidence suggests that responding to the mental health issues of children and young people presents considerable challenges for teachers in Scotland, in terms of the time involved, the knowledge and skills required and the supports available to them. Delays in being able to access appropriate services and poor communication with services constitute the main sources of frustration for teachers and school managers in being able to access an appropriate service for a young person with a mental health problem (Health Scotland, 2006).

There is considerable potential for schools to act as a catalyst for change in supporting mental health. Primary mental health work in schools is developing and takes many different forms (Huddart, 2006). At the same time there is growing attention to the social and emotional aspects of learning and their contribution to attainment and achievement.

Primary care mental health capacity

The role of Primary Mental Health Worker emerged from recommendations made in 1995 by the Health Advisory Service (HAS). *Together we stand* identified gaps in services and weaknesses in the relationships between Tiers 1 and 2 /3. HAS proposed that mental health capacity at these levels within local service systems be enhanced by deploying senior practitioners with mental health experience, with a remit to undertake a combination of training, consultation, liaison and joint working.

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Current Primary Mental Health Worker (PMHW) capacity within the UK is estimated as follows:

- 664 PMHW's are employed in England and Wales (DOH 2008)
- 73 PMHW are on the Scottish PMHW database which covers Dumfries and Galloway, Forth Valley, Lothian, Tayside, Grampian, Ayrshire, parts of Forth Valley, Lanarkshire and Borders. These figures may underestimate capacity as some PMHW in Scotland are not on the database.

PMHW is now a growing profession, with Association status.

7.1.2 Drivers for development: key issues that service systems need to address

National policy context of Primary Mental Health Work

The development of capacity for primary mental health work has been set as a clear objective for services with specific targets as follows:

- An annual increase in primary mental health work until 2015, by which time it should account for 25% of NHS specialist CAMHS activity
- Improvement in the mental health services being offered to children and young people by ensuring that by 2008, a named mental health link person is available to every school
(Scottish Government, 2007a)

Getting the Right Workforce, Getting the Workforce Right (Scottish Executive, 2005) places emphasis on the development of specialist CAMHS services, describing the size and the composition of the workforce available and required. Using a model derived from England and Wales, it sets out both the range of disciplines which should be available within a comprehensive CAMHS service and the associated workforce requirements. Importantly, the report also reinforces the vision of the children's mental health Framework in recognising the breadth of the workforce involved and the role of non specialist services in supporting children's mental health. The Framework envisages that those working at Tier 1 are able to provide:

- Supportive environments for the mental health of children and young people
- Activities to promote understanding of mental health and how to maintain it
- Supports at times of vulnerability and access to further help as required.

Achieving improved outcomes

Primary care mental health work therefore aims to act as a support to Tier 1 universal services in schools, communities and primary health care and to act as a bridge to the specialist CAMH service at Tiers 2 and 3. The development of PMHW capacity can help address the fragmentation in provision and address known gaps in services. It can also help to address inequities in access to appropriate and timely help by working with and through mainstream services and resources that are in contact with communities that may be disadvantaged where children may be at particular risk of experiencing mental health problems (Gale and Vostanis, 2003).

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The specific functions of Primary Mental Health work are:

- Liaison
- Consultation
- Training
- Supervision
- Intervention (direct work)
- Planning and development
- Research and development

(SDC and HeadsUp Scotland,2007)

Key tasks which are common to various organisational models of primary mental health work provision include:

- Gate-keeping to CAMHs through direct assessment and work with children, young people and families
- Health improvement - raising awareness of mental health issues
- Tier 1 development - multi-agency liaison, consultation

The main emphasis of primary mental health work with children and young people is to enable community and primary care-based professionals to effectively recognise children and young people's strengths and difficulties. Primary mental health work can be delivered as either a universal or targeted provision, according to the needs of the local population.

The Primary Mental Health Worker *will act as a locality cross-agency networker*, providing early stage mental health assessment and interventions through liaison, consultation, supervision and training to primary care professionals. The PMHW will also provide direct clinical input to children, young people, and their families where this is indicated. This approach will build on, and further enhance the skills and resources of local community and specialist services.

Source: Knowledge and Skills Framework, 2007

The most recent survey of PMHW in England and Wales (Hickey et al, 2008) indicates that the vast majority of workers provided consultation, liaison, training and direct intervention. Education staff were the most likely and GPs the least likely recipients of each service with the exception of direct clinical work, for which GPs were the most likely referrers. Other functions such as supervision, research and development and input to strategic planning were less frequently undertaken.

The survey confirmed that three main practice models were used to deliver PMHW functions:

- CAMHS Outreach, where PMHW is located in and aligned with Tier 2 or 3 CAMHS
- Dedicated PMHW teams
- Primary Care based where PMHW is located and aligned with a primary care service team (e.g., general practice, school or social services)

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The models adopted for the delivery of PMHW functions exerted some influence over patterns of delivery, for example:

- PMHWs in CAMHS Outreach models were the least likely to have 'excellent' links with primary services, but the most likely to have 'excellent' links with Tier 3 CAMH services.
- PMHWs in dedicated PMHW teams were least likely to provide direct clinical work compared to other models, while PMHWs in CAMHS

Outreach models were more likely to be involved in strategic planning and in research and development

In Scotland the organisational models to deliver PMHW functions remain matters for local decision (SDC and HeadsUp Scotland, 2007).

Service system issues

The material gathered in the course of the Support for Change project from local areas and reviewed in the literature indicates the following to be among the major issues that service systems need to address to achieve the objectives envisaged for primary mental health work in supporting universal services (including schools):

- Awareness and understanding among decision makers and care providers of the importance of early intervention, likely influences on the mental health of children and their families and steps that can be taken to improve outcomes.
PMHW can inform the development of children's services planning in relation to children and young people's mental health and wellbeing
- Accessibility of mental health expertise when required, with dedicated capacity to develop and provide consultation, liaison and training
- Co-ordination of roles and responsibilities, which are critical in view of the complexity of the issues young people face and the multiple sectors and agencies likely to be involved across the service system. This includes ensuring effective links with CAMH specialist services and pathways into and out of services across the system
- Involvement and consultation with children, young people and families / carers
- Funding and sustainability to mainstream models of PMHW across localities, addressing the issues of inequity of service and accessibility

Primary mental health work is well positioned to support the involvement of children, young people, their families and carers in their own treatment/ service development. This can be powerful in two ways:

- The gathering of user views on services provided
- Supporting the reconfiguration of services so that they are more accessible to and focused on the requirements of children and their families and carers

Below we consider these issues in more depth to explore implications for development.

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7.1.3 Strategic attention to mental health needs in universal services

The PMHW service aims to raise awareness of mental health issues, increase confidence of Tier 1 professionals in identifying and managing mental health problems, ensure appropriate interventions are made available for children and young people and facilitate onward referral where required. The service therefore has both short and long term goals:

- Short term goals: to bridge gaps between services, build confidence and capability in service systems to support the mental health needs of children and young children and enable existing care services to promote mental health and create therapeutic environments, integrated working, more appropriate referrals to CAMHs (knowing when to refer)
- Long term goals: to bring about culture change in how we support children, young people and families, with greater prioritisation given to promotion and prevention, participation, and workforce capacity building

Example: identifying service aims

In one case study example, detailed service aims were agreed across agencies and built into service review to inform future planning. In this area, the PMHW service offers early intervention at Tier 1 /Tier 2 early intervention and aims to:

- Promote the mental health and emotional wellbeing of children and young people
- Prevent mental health difficulties from escalating
- To identify signs of emerging severe mental illness and signpost to appropriate agency
- Provide direct evidence based intervention for children and young people up to 18 years old with mild to moderate mental health difficulties
- To support and enhance the service provision already available to this population by providing liaison, supervision, consultation, training and joint work to other people working with children and young people
- To develop and strengthen links between core CAMHS and other agencies
- To promote the skills of other Tier 1 workers in identifying and intervening with mild to moderate mental health problems, thus developing capacity in the community

7.1.4 Developing a dedicated resource for PMHW

Primary Mental Health work can aid the development of interagency structures to ensure effective planning and collaborative working relationships, placing an emphasis on shared ownership of responsibility for children and young people's mental health. It can assist by:

- Informing planning and strategic development
- Raising awareness and understanding of the mental health needs of children in the environments in which children live and learn
- Building commitment from all partner agencies
- Fostering relationships between services and sectors
- Coordinating and reviewing existing services and enabling professionals to make optimal use of resources available

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EXAMPLES: factors that shaped the development of PMHW

Funding

Development monies have tended to create the opportunity to develop new PMHW resources to address unmet needs. In one area funding was accessed via Changing Children's Services Funds and Choose Life monies; in another a single source of funding Changing Children's services fund. In a further example, funding was partly from mainstream sources matched with Changing Children's Services Funding.

However, the use of short term funding sources was a shared cause for concern that posed considerable challenges for sustainability.

Multi-agency working

In one area, a review of the number of individuals working with any one family led to the introduction of a case management approach. Professionals used this understanding of how a family might feel disempowered and lost in a sea of professionals to make changes to ensure greater clarity around roles and remits in order to be more effective in supporting families.

In another area the integrated model of planning and delivery facilitated time and opportunity to foster long-term working relationships built upon mutual trust and understanding. For example staff based within schools and social work offices, working "shoulder to shoulder".

In the third example, the use of joint plans for children improved assessment and enabled more efficient access for "ill" children to CAMHs. In addition, informal discussions between schools, PMHWs and CAMHS impacted positively on relationships.

The case studies indicated that the development of PCMHW resources were intended to address resource pressures: high levels of mental health problems that universal services were struggling to address without sufficient support on the one hand; and on the other specialist CAMH services that had very limited capacity and could only provide a direct service to those with complex or serious mental health needs.

Examples: service rationale

In one example the PMHW service is part of the Child and Adolescent Mental Health Service for the area and works to support universal provision and enable appropriate access to specialist mental health expertise. Over time, co-working and cross referral have become the norm, between education, health and social services.

Supporting frontline staff and building capability and confidence have proved to be critical. The PMHW service offers consultancy to NHS and local authority staff. This has a positive impact upon confidence and competence of Tier 1 staff, enabling more appropriate interventions and timely referrals and has helped in decision making about the appropriate next steps for children.

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In another area, the PMHW service aims to raise awareness of mental health issues, increase confidence of Tier 1 staff in identifying and managing problems, and in knowing when and to whom to refer.

In a further example, the rationale was to improve access to specialist services by acting in a consultation capacity. In this area, there had been a significant number of children on a lengthy waiting list for specialist help.

7.1.5 Structures and relationships

For the most part the operational management of the Primary Mental Health Workers identified here rests within NHS CAMHs settings, with the locus of interventions taking place in the community and with links into schools and other local authority settings. There are many demonstrable examples that the PCMHW services have developed strong operational links straddling health, social care and education.

Examples: forging links

Strategic links

One PMHW case study is strategically embedded within CAMHs Implementation group. This service has a unique role in increasing capacity and resources in communities by changing the way traditional Child and Adolescent Mental Health Services are delivered. This service is managed by NHS, and staff are based in school and social services, providing a community-based interagency service provision.

In another area, the PMHW service is also managed by and sits within the NHS, specifically Child and Adolescent Mental Health. Here, the local Integrated Children's Services plan identifies specific priorities and targets and makes recommendations which the PMHW service develops. The PMHW role is supported across agencies in health, education and social care, enabling access to children and young people in school and community.

In a third context, education, social policy and care and CAMH services developed capacity to place PMHW staff in schools. This model was embedded in the local services plan with a commitment to ensure consistency/equity of implementation across the local authority area.

Operational links

Systemic consultation

One developing model being utilised to achieve early intervention, health improvement and effective gate-keeping is systemic consultation. This involves pulling together health, local authority and voluntary agencies already involved with a particular child/young person and their family to review their needs from a mental health perspective. The specific role of the PMHW is to coordinate, create a forum for discussion and empower the Tier 1 professionals to be as effective as possible within the resources available.

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Key operational relationships identified are those with primary care services, social services and education. Experience indicates that these working links can be problematic and variable. However, such relationships can be greatly strengthened where key personnel have a facilitative role to work across boundaries and promote the exchange of information and the development of more open working links.

Links with CAMHs specialist services

Effective operational links between CAMH specialist services and PMHW staff are critical to ensure:

- Agreement on roles and responsibilities and accountability, including joint working on individual cases where indicated
- Gateway to appropriate, timely referrals, for example PMHW enabling CAMHs to offer a service to referrers wanting to access a service for children who do not come within CAMHs core business
- Effective filtering of needs to reduce inappropriate referrals to CAMHs teams to allow the specialist service to focus on the more serious or complex mental health needs

Links with primary health care

In relation to primary care, the PMHW service can provide a range of functions including:

- Consultation and joint training with public health teams (Health Visitors) to develop the trust and understanding required for effective joint working and co-working
- Access for those with mild to moderate mental health problems to appropriately qualified staff, assessments and referrals
- Training and support directly and indirectly to reach a wider audience of professionals and parents

Education and social services

In one area, PMHW staff based within local schools and social work offices worked shoulder to shoulder with Tier 1 professionals, helping children and young people whom CAMH specialist services had found hard to reach / engage to access mental health expertise through the PMHW and if required through referral to CAMH specialist provision.

7.1.6 Pathways

Access and referral to mental health expertise/ consultation

In partnership with professionals already working with children, consultation is offered by PMHW services through a range of initiatives.

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Examples: access routes

In one example, referral and access to PMHW is available for schools, health and social work by a single written referral application, with clear eligibility criteria (mild to moderate mental health issues). The PMHW provides access to Specialist CAMHs - through interagency cooperation, discussion and referral on from Tier 1 to Tier 3 where appropriate. There is also the possibility of advanced level consultation, which would include joint assessments and supporting interventions, with all the agencies involved with a particular child. This exemplifies the principle of not over burdening the family with multiple interventions and demonstrates interagency working in practice.

In another example, the PMHW services has been able to develop means to deliver services on an outreach model, going to where the service user is, rather than where services have conventionally been based, for example within schools and in the Health Visitor-led Child Health clinic. This has been found to provide opportunity for discussion and advice-giving with parents, backed up with access to immediate support. The approach has also facilitated improvements in formal and informal liaison with other partner agencies, better communication, and stronger trust and respect between disciplines.

In another example, referrals seen by the PMHW can be fast tracked to CAMHs directly, without having to be re referred via traditional routes, for example the GP.

7.1.7 Building capacity and capability to address mental health needs in primary care settings

Guidance encourages PMHW to offer regular multi-agency training programmes for a range of professionals and to offer development support for groups and individual workers. PMHW functions appear to be most developed in areas which have taken a proactive strategic approach to planning that locates PCMH functions with the wider network of services and resources for children's mental health.

The effective delivery of training and consultation support to services that operate at Tier 1 requires careful planning and targeting to ensure that resources are in place to respond to different types and levels of need and to achieve sustainability over time.

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Examples: building capacity and capability within the primary care system

In one area the PMHW service is available to all children and young people (0-18 years) and their carers. A wide range of Tier 1 professionals are able to benefit from capacity building through the training, liaison and consultation functions, for example midwives, Health Visitors, Surestart staff, School staff. The PMHW service also undertakes joint working to improve skills and knowledge and ensure appropriate interventions to address children's mental health problems. Tier 1 professionals, except teachers, can make referrals to the PMHW service. Requests for direct (one to one) work with a child, are screened by the CAMHs team then passed to the PMHW if appropriate.

In another area, the service is targeted to those children/young people with mental health needs who already have multiple agencies involved in their care, and have mild to moderate mental health difficulties. The service works in three pilot areas, one in each of the local authorities, where there are high levels of deprivation.

PMHW workers consider that their direct work has contributed to the mental health of children and young people by de-stigmatising the perception of mental health, being part of the team within schools, enabling children to attend the service without reliance on parents and family, preventing exclusion from school, and developing relapse prevention. Workers consider that their indirect activities have contributed significantly to increasing the confidence and capability of professionals in primary care and other partner agencies.

In a third area, the PCMH service is a universal service for children aged 0-18 and operates within community and schools settings. The service is readily accessible offering appointments and drop in sessions. A range of promotion and prevention work is undertaken. The service develops joint plans for children, between education, health and social work (all agencies involved with the child) to ensure the more effective use of limited resources. The services reports positive impacts on the confidence of school staff, through the provision of support and regular informal discussion. In addition assessment systems in schools have improved for children causing concerns as a result of the increased accessibility of PMHW, expertise shared, frequent and regular visits to schools.

7.1.8 Sustainability and impact

The combination of functions offered enables PMHW services to develop capacity within local service systems in order to enhance longer term sustainability. Services have purposively planned their interventions within this in mind and specified capacity building and development of the service system as core functions.

Accountability, governance and support are, however, critical in enabling PMHW to maintain standards of practice and to facilitate the continuing development of skills and knowledge required.

Impact

Analysis of the examples submitted indicates there are many ways to assess impact of PMHW at multiple levels. These include direct effects on the mental health of children and young people such as increased self esteem, improved mood and behaviour, development of trusting relationships.

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Other benefits identified and captured, include:

- Improved access to support within helpful timescales
- Signposting on to other services
- Provision of much needed expertise to address specific problems and knowledge gaps
- Enhanced communications and cooperation in supporting individual children and families
- The value of a service that is able to work across different professional cultures, overcoming the various barriers including language, processes and hierarchy
- Enabling other professionals in ways that acknowledge their anxieties and concerns

Examples: improving service design

In one example, service users' views were canvassed on discharge from the service and comments incorporated into practice. Young people have also been involved in the design and delivery of a self-help project in schools.

In another, an external evaluation of the PMHW in the designated pilot sites has been carried out to inform sustainability and equity in service provision. Impact questionnaires were sent to Tier 1 workers at the beginning of the pilot and again 18 months later. Responses indicated a greater awareness of PMHW and confidence in dealing with child and adolescent mental health issues.

7.2 Key learning points for implementation / model development

7.2.1 Vision leadership and professional credibility

Boosted by the policy objectives that specify expectations for development, recognition is slowly growing of the central role that PMHW plays in bridging tiers of services and in building capacity for the future. This is critical in enhancing the range of options available to support children's mental health and in enabling the effective targeting of specialist (costly) CAMH resources on those with greatest needs.

Evidence suggests that PCMH workers come from a range of disciplines and backgrounds. There is variability in:

- how services are configured and roles delineated
- how PCMHW resources are targeted and deployed e.g. primary health care, schools and community services
- the balance of activity undertaken between consultation, liaison, training and direct work

Whilst recognising the value of local adaptation and development to fit with local needs, patterns of provision and so on, it is also important to identify some common core standards to guide PMHW. The development of a professional association for PMHW may facilitate this, along with the development and application of a Knowledge and Skills Framework setting out core standards.

7.2.2 Planning and development

PMHW is in a prime position to support mental health in the settings in which children live, and learn and relate to others. The service faces challenges in dealing with many service interfaces and in supporting universal mainstream services to respond effectively to mental health needs in situ, in circumstances where there may be an expectation that specialist referral is the preferred solution.

There has been debate across the UK about the preferred organisational and managerial location of this function. As noted above recent findings from England suggest that the different practice models are likely to lead to differences in emphasis but it is difficult to identify substantive differences in outcomes and impact. However there are indications that the alignment with CAMH services may enhance opportunity for PMHW services to develop its research functions more extensively and to have more direct routes into strategic planning.

The targets set by the Scottish Government to increase PMHW activity indicate that immediate attention is to be focused on identifying capacity to support mental health in schools as one key part in the wider development of primary mental health capacity.

Considerations for future development of PMHW

The national Framework for children and young people's mental health requires NHS CAMH services to work with local authorities, the Police and the Scottish Children's Reporter Administration to plan, provide and review the training opportunities in mental health for staff who work with children with mental health issues. Consideration should be given to how training needs are currently identified and whether additional groups should be included.

Further development of PMHW needs to be planned and resourced to ensure a range of appropriate therapies can be offered to children and families including self help materials and access to appropriate psychological therapies.

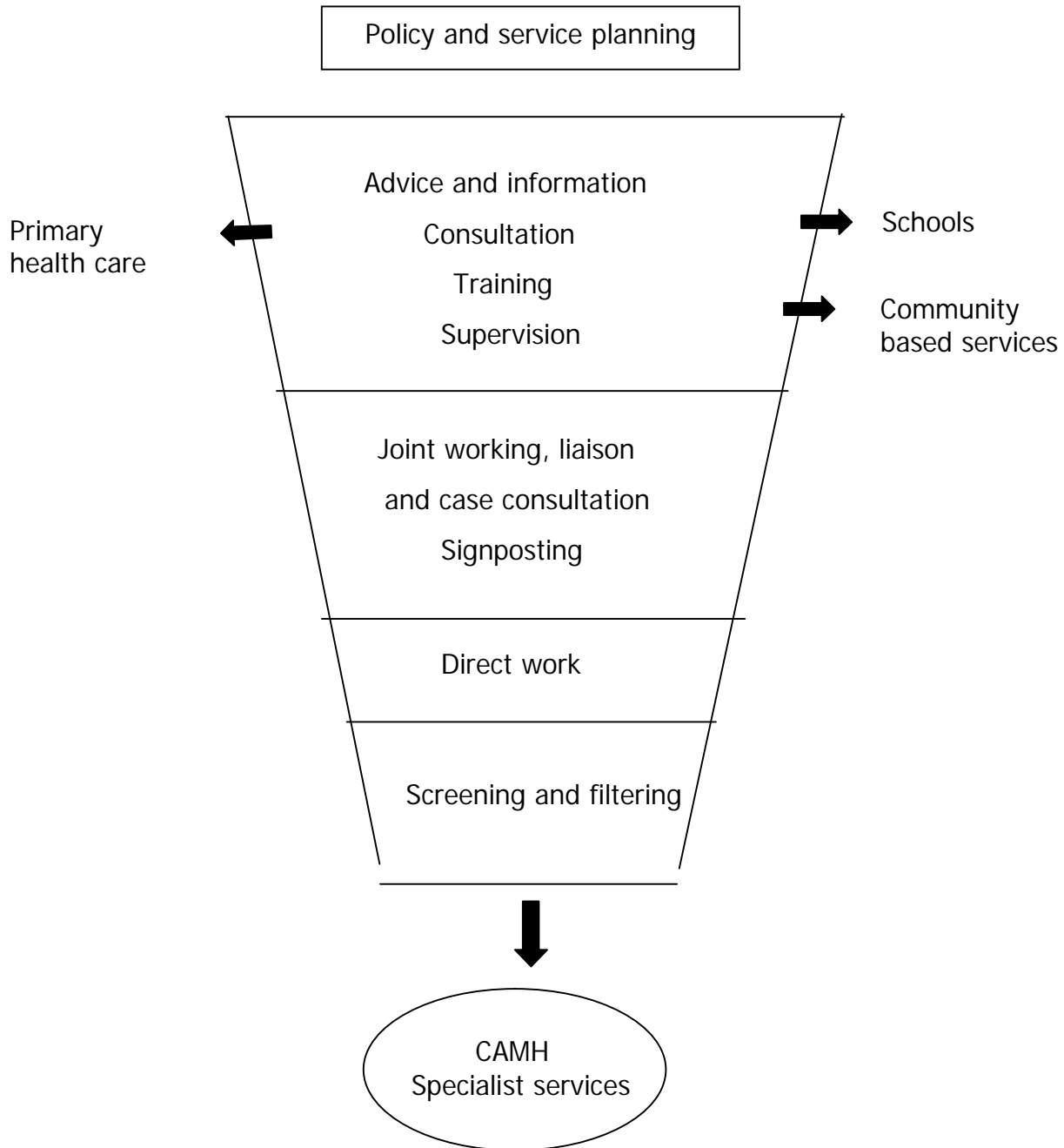
7.2.3 Supporting infrastructure

Guidance on PMHW affirms the importance of ensuring this work is properly supported. Not only does it provide the means for early intervention; it also filters demand to achieve more appropriate referrals to Tiers 3 and 4 of the specialist system. Therefore planning partners are encouraged to consider the priority attached to PMHW in leveraging the changes looked for in the wider service system (SDC and HUS, 2007).

An important factor is the provision of appropriate training and on-going support to allow staff effectively to provide Primary Mental Health work. Skills in consultancy and training are not necessarily acquired in early working experience, and it is recommended that provision be made to enable staff to develop and maintain such skills as well as to provide a range of therapeutic skills within the Primary Mental Health care settings.

Figure 7.1 shows a model of how a dedicated resource of mental health expertise can serve a range of functions in supporting the service system to achieve better outcomes. Table 7.2 provides a representation of levels and intensity of intervention and the roles of services in delivery of care, support and treatment.

Figure 7.1: Model of Mental Health Resource for Primary Care Mental Health Works



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Table 7.2: Primary mental health work

Level of service	Activity / intervention	Delivered by
<p>Universal services (Tier 0-1)</p>	<p>Mental health promotion delivered in range of settings: school; community; primary health care Information and self help resources for children, young people and families</p> <p>Information, support, training and awareness raising for front-line staff working with children, young people and families</p> <p>Input to service planning and development</p>	<p>Mental health promotion services, primary care health workers, youth workers</p> <p>PCMH workers</p>
<p>Additional support (Tier2)</p>	<p>Counselling services for children and young people</p> <p>Training in specific mental health issues for front-line staff</p> <p>Early intervention and short term interventions</p> <p>Peer support programmes</p> <p>Outreach services to settings that are familiar to children and young people</p> <p>Assessment</p> <p>Signposting / referral</p> <p>Consultation and liaison with schools / youth services / primary health care</p>	<p>PCMH workers, school link workers, school nurses</p>
<p>Intensive support (Tier 3- 4)</p>	<p>Intensive therapeutic interventions</p>	<p>CAMH services</p>

Case study profile: Primary Mental Health Work

Area A

Origins

Established in March 2005

Staffing and funding

2 x lead PMHW – permanent NHS funding

2 x PMHW, temporary funding via Choose Life

3 x PMHW, temporary funding via Changing Children's Services

Interventions

Eligibility criteria for the service/resource:

- Children/young people with mental health needs who already have multiple agencies/professionals involved in their care
- Children/young people with mild to moderate mental health difficulties in three pilot areas

The service is focused on Tier 1 /Tier 2 early intervention and aims to:

- Promote the mental health and emotional wellbeing of children and young people
- Prevent mental health difficulties from escalating
- To identify signs of emerging severe mental illness and signpost to appropriate agency
- Provide direct evidence based intervention for children and young people up to 18 years old with mild to moderate mental health difficulties
- To support and enhance the service provision already available to this population by providing liaison, supervision, consultation, training and joint work to other people working with children and young people
- To develop and strengthen links between core CAMHS and other agencies
- To promote the skills of other Tier 1 workers in identifying and intervening with mild to moderate mental health problems, thus developing capacity in the community

Outcomes:

External evaluation of the PMHW services has been conducted to inform future development and provision, reviewing the impact of the services and its benefits to children and young people.

At the time of this report, future plans were under discussion in view of new financial arrangements for local government financing.

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Area B

Origins

Commenced in 2005, initially a 2 year pilot in a specific locality, which is now being rolled out more widely to two further localities.

Funding:

Originally through Changing Children's Services fund

More recently funding secured for a further two years, to 2009

Staffing

2 PMHW (temporary contracts) population approx. 157,000

One worker has a background in CAMHs, the other in public health

Interventions

1. Gate-keeping to CAMHS- assessment and brief intervention work (Tier 2) with children, young people and families, passing on appropriate cases to CAMHS for specialist, focused work.
2. Health Improvement- raising profile and awareness of mental health issues and providing helpful information e.g. talks about self-esteem in schools.
3. Development of Tier 1- providing training, consultation, liaison and joint work to improve skills and knowledge of child mental health issues for Tier 1 workers. Improving workers confidence in dealing with some CAMH problems and identifying when to appropriately refer to CAMHS.

In some secondary schools, a Self-help project has been undertaken. Senior students are taught about mental health- assertiveness, self-esteem, feelings and stress, and supported in the design and delivery of a training programme to first year students. They also create a self-help space in the school, with information leaflets and supporting services/websites, etc. Recently work has been done alongside school nurses in raising awareness about infant mental health with students in schools.

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Area C

Origins

Commenced 2001, opportunity of Change fund

Funding

Changing Children's services fund 2001/02 - £105,000

Reduced to £55,000 Mar 07 - commenced mainstream funding support

National Programme Research post funding - £50,000 (2003 - 2006)

Staffing

Year 2002 - 2007: 4 fte

Year 2008: 3 fte

Remit: broad role of PMHW

Interventions

Aims - to improve access to CAMHs

Offer CAMHs support and consultation to Health, Social care, education

Work with children aged 0-18 within community and schools

Peer work, group work and "Drop-in sessions" in school

Joint assessment plans for children with multi agencies/disciplines

Outcomes:

Evaluation report available.

Impacts - speed of access, timely and appropriate to CAMHs/specialist services

Developed pathways, referral systems in schools

SUPPORT FOR CHANGE

Approaches and models for the development of provision for children and young people's mental health

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